CERTIFICATE OF SERVICE

CONTRACTOR	TO: *(Major Air Command)*
Firewell Co. Inc 3685 Broadway Buffalo 25, N. Y.	SAC (DM8D) Offutt AFB, Nebr

CONTRACT	DATE OF CERTIFICATE
AF 33(600) 39203 EXHIBIT NO. 11	30 November 1960

1. NAME OF CTSR *(Last, First, and MI)*	2. AF UNIT 4080 SRW (L)	3. PERIOD OF CERTIFICATE *(Inclusive dates)* 1 Nov 60 THRU 30 Nov 60

4. VACATION TIME *(Inclusive dates)*	5. SICK TIME *(Inclusive dates)*	6. CONTRACT HOLIDAYS	7. BILLABLE DAYS
None FOIAb3a THRU THRU	None THRU THRU	One	29 28

8. AUTHORIZED OVERTIME HOURS WORKED

DATE	TIME AND ½	DOUBLE TIME	DATE	TIME AND ½	DOUBLE TIME	DATE	TIME AND ½	DOUBLE TIME
None								

9. DATES ON WHICH PREMIUM PAY SHIFTS WERE WORKED

None

10. TEMPORARY DUTY AWAY FROM HOME STATION *(Enter hour and date of departure and return)*

DEPARTED	RETURNED	DEPARTED	RETURNED	DEPARTED	RETURNED
N/A					

11. AUTHORIZED TRAVEL PERFORMED BY COMMERCIAL CARRIER *(Including Taxicab, etc.)*

INCLUSIVE DATES	FROM	TO	MODE	COST
N/A THRU				
THRU				
THRU				

12. AUTHORIZED PRIVATELY - OWNED CONVEYANCE TRAVEL *(Except on-base mileage)*

INCLUSIVE DATES	FROM	TO	TOLLS	MILES
N/A THRU				
THRU				
THRU				
THRU				

13. AUTHORIZED ON BASE MILEAGE BY PRIVATELY-OWNED CONVEYANCE:

N/A MILES

14. GOVERNMENT TRANSPORTATION REQUESTS USED

DATE ISSUED	ISSUING AGENCY	FROM	TO
N/A			

15. GOVERNMENT QUARTERS WERE USED ON THE FOLLOWING DATES:

N/A

16. IF THIS IS THE INITIAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE PLACE OF LAST ASSIGNMENT AND

N/A DATE OF DEPARTURE: DEPARTED *(Place)*   ON *(Date)*

17. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE DATE OF DEPARTURE:

N/A

18. DEPARTED THE UNITED STATES FOR OVERSEAS DUTY FROM

N/A   *(Port)*   ON *(Date)*

19. ARRIVED THE UNITED STATES FROM OVERSEAS DUTY AT

N/A   *(Port)*   ON *(Date)*

20. NAME OF COUNTRY WHERE OVERSEAS DUTY WAS PERFORMED DURING THIS PERIOD *(Unless prohibited for security*

N/A *reasons)*

21. ADDITIONAL INFORMATION AND REMARKS:

None

22. *CERTIFICATION:* I certify that ~~the information in Items 1 through~~ 21 above is true and correct to the best of my knowledge and belief.

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(Signature of CTSP)

23. *CERTIFICATION:* I certify that ~~to the best of my knowledge and beli~~ef, the services reported above were performed in a satisfactory manner ~~and that the services~~ were authorized in advance by competent authority, and that appropriate ~~written orders have been issued or re~~quested, with the following exceptions:

(If services were not satisfactory, complete written report has been prepared and forwarded)

NAME	GRADE	SIGNATURE *(Manual signature is required)(Facsimile is not acceptable)*
STATINTL	LT COL	
AFSN	ORGANIZATION	
35808A	4080 SRW (L)	

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INSTRUCTIONS FOR PREPARATION:

a. Items not applicable will be indicated by N/A.

b. The period covered by a certificate will not include more than one calendar month.

c. ITEM 6. The number of contract holidays in the period will be entered regardless of whether they were work days. If they were work days, this will be shown in Item 8 as overtime even if contract does not provide for overtime premium pay. Reimbursement will be made for holiday work in accordance with applicable contract.

d. ITEM 7. The number of billable days is the total number of days in the period, less vacation days, sick days, and contract holidays. (Authorized travel days will be included in this item)

e. Entries in Items 8, 10, 11, 12, and 14, may be double-spaced or single spaced as required. If additional space is needed, Item 21 may be used.

f. Month and year may be omitted when entering dates, except for date of certificate and Item 3. All other dates must be within the period covered by the certificate.

g. ITEM 23. If services were not satisfactory, or if there is disagreement as to the services performed, the AF Supervisory Officer must explain in Item 23.